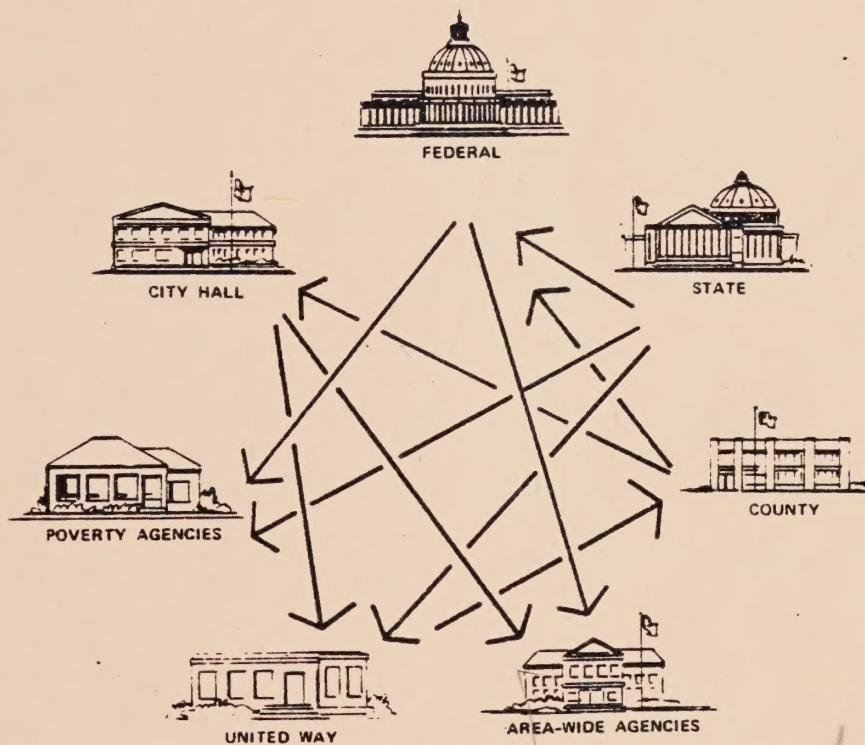




HUMAN NEEDS AND HUMAN SERVICES IN ALAMEDA COUNTY

Part II Background and Analysis



Prepared for:



United way of the Bay Area

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San Francisco, CA 94108

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PREFACE

This section serves principally to explain and amplify the planning modules prepared for each of the individual clusters. Particular attention is paid to the relative value of various types of data in understanding needs and services in each cluster and to the need for caution in the use of the data.

The section begins with an overview of the County and its needs followed by a discussion of the individual clusters. Quality of the data varies significantly. For example much of the social indicator data is out of date because of the heavy reliance on 1970 U.S. census data in Phase I of the project. Where possible updated information is presented, however, the emphasis in Phase II of the project has focussed largely on analysis of government and United Way funding patterns and on the survey of consumer/client, community leader and agency professional perceptions of human service needs.

Perception of needs were gathered through three separate surveys: a telephone survey of residents of County, personal interviews with community leaders, and personal interviews with agency professionals. Government funding data presented was gathered through analysis of public agency plans and budgets as well as selected interviews with key public officials. Similarly, analysis of United Way allocations patterns were drawn from examination of budget allocations and planning documents, as well as interviews with key United Way staff members.

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Part II, Section 1

OVERVIEW OF ALAMEDA COUNTY AND ITS NEEDS

The People and Government of Alameda County*

Alameda County is a large diverse county (more than 1 million people in 1970, or 34.5% of the population of the five Bay Area counties). Berkeley and Oakland show the greatest overall need for human services but also have the most amenities (the University of California at Berkeley, the Oakland Coliseum and the Oakland Museum). Southern Alameda County is experiencing a steady suburban expansion.

In 1970, the 13 incorporated cities in Alameda County represented 87.4% of the County's population. The City of Oakland had about one-third of the total, Berkeley had 11%, Fremont had 9.4% and Hayward had 8.7%. Relative sizes have changed since 1970, with a loss of population in Oakland and an increase in the Southern County suburbs.

Alameda's 1970 population was approximately one-third minority. Blacks, Native Americans, and Asians are concentrated in Berkeley and Oakland. These two cities have 95% of the County's Black population, 75% of the Chinese population, and more than 50% of the Native American and Japanese populations. The Filipino population is concentrated in Alameda, Berkeley, and Oakland. More than 25% of the County's Hispanic residents live in Fremont and Hayward; Hispanic residents account for 12% of the County population.

Median Alameda County family income was \$11,133 in 1970. The range for individual cities was from \$9,548 in Emeryville to \$20,017 in Piedmont. Albany, Berkeley, and Oakland had median family incomes at the low end of the range, while Fremont, Livermore, and Pleasanton had median family incomes significantly higher than average.

* Demographic information in this section is largely drawn from Arthud D. Little's Phase I report.

Although the dollar amounts of income have risen dramatically since 1970, experience indicates that there has been less shift in relative income and geographic spread.

In 1970, 8.1% of all families in Alameda County had incomes below the poverty level and 11.4% of the County's 1970 population was living in poverty. Cities with a relatively large share of poor families were Emeryville (13.0%) followed by Oakland (12.2%) and Berkeley (10.6%). Cities with the lowest poor families were Piedmont (1.3%), Pleasanton, Fremont, and San Leandro. Almost half the County's families with incomes below the poverty level had female heads of household. The greatest number of poor families with female heads of household lived in Alameda and Oakland, and the cities with the fewest poor families with female heads of household were Albany, Newark, and Union City.

In 1970, 28.8% of the County's unrelated individuals were below the poverty level. Approximately 78% of these people lived in Berkeley and Oakland (both cities have a large elderly population and Berkeley has a very large student population). Thus, Berkeley and Oakland which have less than half of the County's total population, had 67% of the poor.

Public support for human service programs in Alameda County exceeded \$180 million in fiscal year 1978. Numerous County and city agencies administer and deliver human services in Alameda County, augmented by a network of more than 500 private nonprofit service agencies and community based organizations. The County Health Care Services Agency, which administers most of the publicly supported medical care and mental health services in the County, the County Social Services Agency which administers the social services program, and the County Executive's Office which administers County GRS-funded social services (contracts with about 100 social service and community based agencies) are the major County actors in human services. Smaller County social service programs are administered by the Department on Aging, the Alameda Regional Criminal Justice Planning Board, and the Probation Department.

The CETA-funded employment and training programs in the County are administered by three prime sponsor agencies: the City of Berkeley CETA, the City of Oakland Department of Manpower Development, and the Alameda County Training and Employment Board and Associated Community Action Programs (ACTEB/ACAP). The County and six cities operate Community Development Block Grant programs, which support a variety of housing programs and related social services. In addition, Berkeley, Oakland and ACTEB/ACAP administer the Community Services Administration programs in the County.

More than half of the 13 cities in Alameda County provide some social services. For example, Albany, Berkeley, Hayward, and Fremont fund community based organizations to provide social services from GRS and general fund sources. In addition, State agencies such as the Employment Development Department and the Department of Rehabilitation are important providers of social services.

Alameda County Needs for Social Services

Three surveys were conducted during Phase II of the Needs Assessment to determine needs for human services in Alameda County. The first was a telephone survey of 199 potential consumers and clients; the second, a survey of 45 agency professionals; the third, a survey of 33 community leaders (persons who serve as volunteers on boards of community service or community action organizations).

According to the survey of potential consumers or clients (Table 1), the five services needed and used by the largest number of people were recreation programs, public/community health, employment counseling, day care, and food programs. Examining the survey results in terms of ethnicity, Figure 1, shows that Blacks followed by other minorities reported using services more than the white population. For example, about 7% of whites, 22% of Blacks, and 11% of all other minorities reported using services three or more times.

Survey results in terms of the difference in need for services between those who are employed and those who are looking for work or are unemployed (Figure 2) show that those who are unemployed or looking for work tend to use either no services or many services. In terms of income, Figure 3 shows that more than 50% of those surveyed earning less than \$10,000 per year use no services--true for no other county but San Mateo. Those most frequently using a service once or twice earned between \$10,000 and \$25,000 per year. The percentage of those using the service three or more times decreased from about 15% to 7% as income rose.

Figure 4 shows relative rating given to services received. Day care and consumer rights services rated relatively high with employment services rating relatively low.

Table 2 shows the basic breakdown of information about unmet need obtained from the surveys of agency professionals and community leaders. Agency professionals identified the chief unmet human service needs as employment services, health care treatment (rather than preventive health care), mental health services, services to the elderly, and services to children and youth. Community leaders identified the major unmet service needs as employment, housing and housing services, health care treatment, and general supplementary education. Thus, the perceptions of social service needs in Alameda County were as follows:

Most Frequently Used by Potential Consumers/Clients	Chief Unmet Needs	
	Agency Professionals	Community Leaders
Recreation programs	Employment services	Employment services
Public/community health	Health care treatment	Housing and housing services
Employment counseling	Mental health services	
Legal assistance	Services to the elderly	Health care treatment
	Services to children	General and supplementary education

In general, both agency professionals and community leaders survey believed that the most acute needs for social services exist in Berkeley, Emeryville, and Oakland, and that a significant but somewhat lower need

Table 1

ALAMEDA COUNTY

Services	Service Needed?		Service Used?		Times Used			Ages of Users				Rating			Location			Agency		
	Yes		Yes		One Few Reg			-2	2-18	18-65	65+	Out	Ade	Not	City	Co	Out	Pr	Pu	DK
	#	%	#	%																
B. Recreational Programs	45	22.6	41	20.6	0	7	34	0	22	21	2	8	28	4	33	6	3	6	35	1
D. Public/Community Health	29	14.6	22	11.1	5	9	8	0	4	17	4	7	14	1	17	3	2	1	20	1
G. Employment Counseling	21	10.6	12	6.0	8	2	0	0	1	10	0	3	5	3	6	5	0	4	8	0
A. Day Care Program	16	8.0	10	5.0	0	1	9	1	6	3	0	6	4	0	9	0	1	4	6	0
C. Food Program	16	8.0	9	4.5	2	0	7	1	5	5	0	3	5	1	6	3	0	1	7	1
I. Consumer Rights/Education	15	7.5	7	3.5	2	1	3	0	1	6	0	3	3	0	5	0	1	2	4	0
K. Legal Assistance	13	6.5	9	4.5	8	1	0	0	0	7	2	3	4	2	2	5	2	3	5	1
S. Transportation Assistance	12	6.0	11	5.5	1	1	8	0	0	7	3	4	5	1	6	4	0	1	8	1
L. Housing Assistance	12	6.0	6	3.0	3	0	1	0	0	6	0	2	4	0	6	0	0	5	1	0
F. Counseling/Mental Health	9	4.5	9	4.5	0	5	4	0	1	8	0	3	5	1	6	2	1	5	3	1
O. Homemaker Services	7	3.5	3	1.5	0	1	2	0	0	1	2	0	3	0	2	1	0	1	1	1
E. Visiting Nurse	5	2.5	5	2.5	0	1	4	0	1	2	2	4	1	0	4	0	1	1	4	0
N. Crisis Assistance	4	2.0	3	1.5	1	1	1	0	0	3	0	1	1	1	2	1	0	2	0	1
M. Emergency Assistance	4	2.0	2	1.0	0	1	1	0	0	2	0	1	1	0	2	0	0	1	1	0
P. Family Planning	4	2.0	4	2.0	0	1	3	0	0	4	0	4	0	0	3	1	0	2	2	0
R. Alcohol Treatment	3	1.5	1	0.5	0	0	1	0	0	1	0	0	1	0	1	0	0	0	1	0
J. Vocation Rehabilitation	3	1.5	2	1.0	0	1	1	0	0	3	0	1	1	1	3	0	0	1	2	0
Q. Drug Abuse Treatment	1	0.5	1	0.5	0	0	1	0	0	1	0	0	1	0	1	0	0	1	0	0
H. Services for Children	1	0.5	1	0.5	1	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0

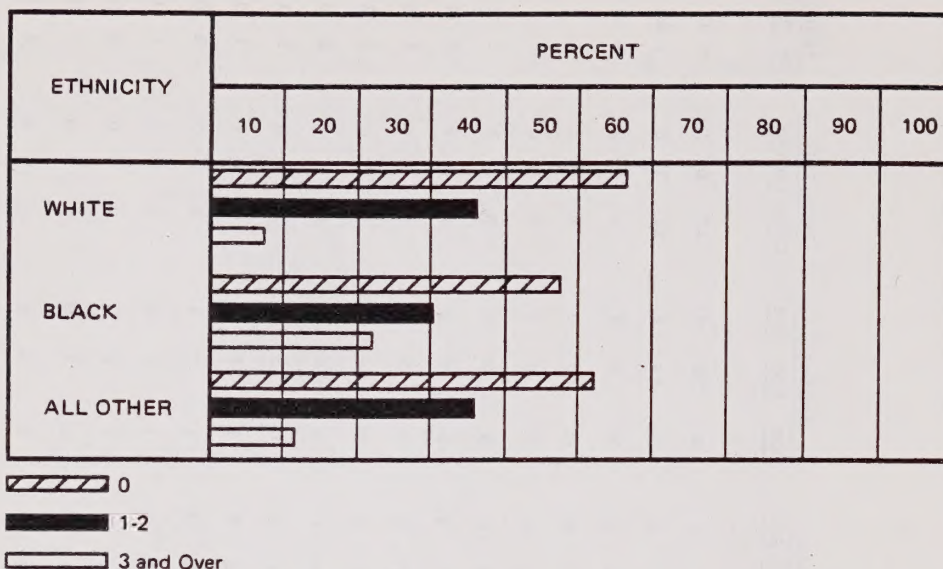


FIGURE 1 NUMBER OF SERVICES USED BY ETHNIC GROUP – ALAMEDA COUNTY

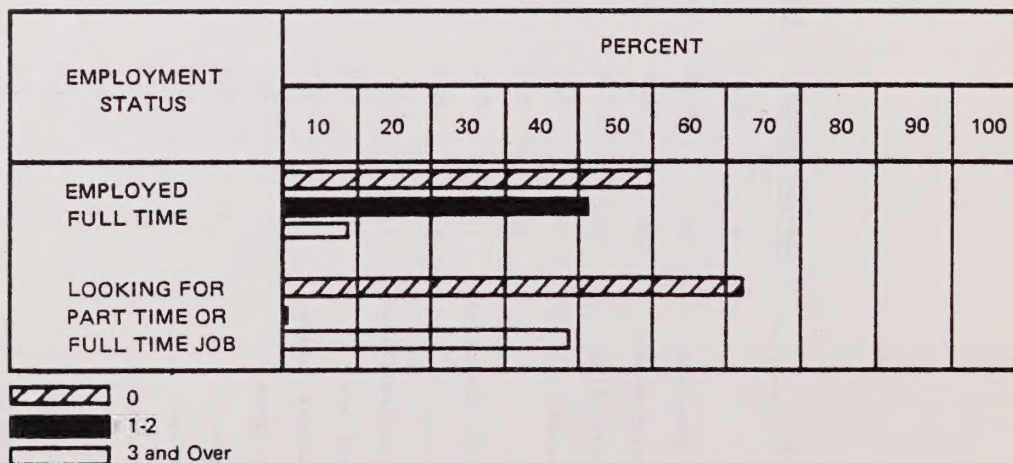


FIGURE 2 NUMBER OF SERVICES USED BY EMPLOYMENT STATUS – ALAMEDA COUNTY

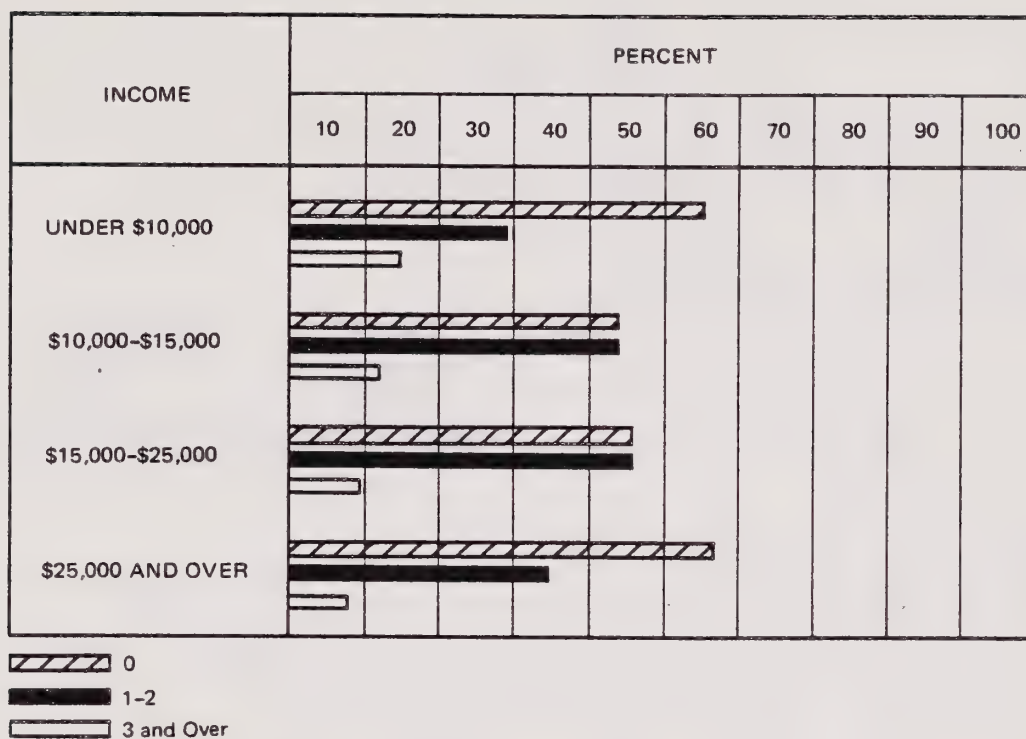


FIGURE 3 NUMBER OF SERVICES USED BY INCOME – ALAMEDA COUNTY

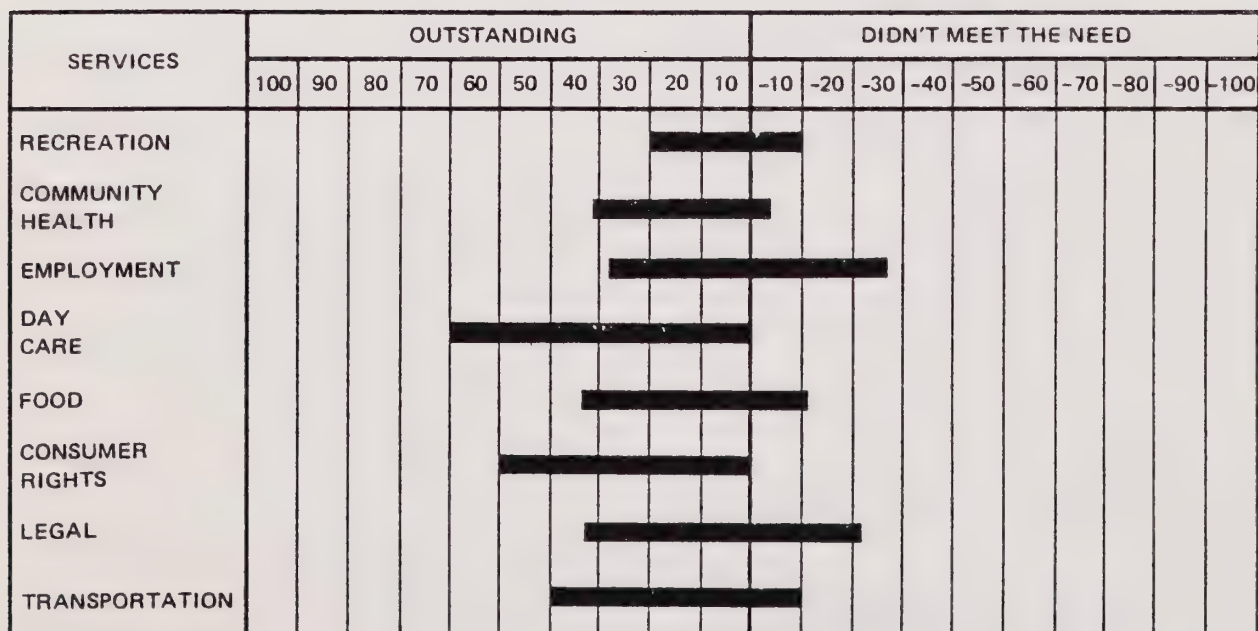


FIGURE 4 RATING OF SELECTED SERVICES – ALAMEDA COUNTY

Table 2

ALAMEDA COUNTY

FOR WHAT SOCIAL OR HUMAN SERVICES WOULD YOU SAY THERE
IS THE GREATEST UNMET NEED?

Service	Agency Professionals (N=45)		Community Leaders (N=33)	
	Number	Percent	Number	Percent
Day Care for Children	5	11	8	24
Job Development, Job Training, or Other Employment Services	17	38	25	76
Services to the Elderly	13	29	4	12
Services to the Handicapped or Develop- mentally Disabled	6	13	4	12
Services to Children or Youth	11	24	8	24
Housing or Housing Services	7	16	16	48
Alcoholism or Drug Abuse Treatment	5	22	6	18
Health Care, Treatment	17	38	9	27
Health Care, Preventive	5	11	0	00
Mental Health Counseling, Crisis Inter- vention, or Other Mental Health Services	16	36	6	18
Services to Ethnic Minorities or Newly Arrived Immigrants, Including Bilingual and Bicultural Services	7	16	4	12
Anti-Crime, Anti-Delinquency, or Other Public Safety Services	3	07	5	15
Protective Services for Children or Adults	4	09	4	12
Transportation Services, Including Public Transportation	4	09	2	06
Emergency Assistance--Food, Clothing, or Shelter	4	09	1	03
Opportunities for Community-Based Service Delivery or for Community Participation in Decision Making	2	04	4	12

Table 2 (Concluded)

Service	Agency Professionals (N=26)		Community Leaders (N=18)	
	Number	Percent	Number	Percent
General or Supplementary Educational Services	3	07	11	33
Better Program Coordination or More Efficient Administration and Service Delivery	1	02	3	09
Special Supportive Services to Families, Including Single Parents	1	02	3	09
Basic Services to Low-Income or Poverty-Stricken Individuals or Families	3	07	5	15
Recreation Programs	1	02	3	09
Other Services	7	16	6	18

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Table 3

PRIORITIES FOR SERVICES ALLOCATIONS

<u>Agency Professionals</u> <u>(Weighted Average of Responses)</u>		<u>Community Leaders</u> <u>(Weighted Average of Responses)</u>	
Low-income people	4.23	The elderly	4.45
The elderly	4.22	The mentally ill	3.93
Youth	4.14	Developmentally disabled	3.85
Children	4.10	Children	3.70
The mentally ill	3.79	Youth	3.64
Developmentally disabled	3.71	Physically handicapped	3.59
Physically handicapped	3.63	Low-income people	3.52
Unemployed	3.60	Unemployed	3.34
Non-english speaking	3.26	Women	3.33
Women	3.26	Ex-criminal offenders	3.33
Ex-criminal offenders	3.12	Non-english speaking	3.11

exists in Hayward (these constitute Mental Health Catchment Areas 17, 18, 20, and 22). Groups most frequently mentioned as needing services were minority groups, low income youth, and the elderly.

Table 3 shows the weighted average of responses regarding priorities for service allocation to different categories of people. The top three priorities of agency professionals were low-income people, the elderly, and youth. The top three priorities of community leaders were the elderly, the mentally ill, and the developmentally disabled.

Part II, Section 2, Subsection 1

EMPLOYMENT AND ECONOMIC SECURITY

- 5 - Community Economic Development Services
- 17 - Employment Services
- 43 - Vocational Rehabilitation Services

This cluster includes three United Way fields of service focused on promoting individual and family economic self-sufficiency. In each of these fields of service the primary funders are Federal and State agencies. CETA funding for employment services dominated this cluster and accounts for more than 88% of all funds identified. Likewise, the more than \$62 million identified in the cluster was about 30% of all social services expenditures identified in the Phase II analysis of "Publicly Supported Social Services in Alameda County." While Proposition 13 has not yet had a major effect on services in this cluster, no new service expansion is anticipated and CETA legislation now pending in Congress may necessitate freezing all CETA positions and result in a substantial reduction in CETA Title II and VI Public Service Employment programs.

Indicators of Need

The primary indicator of need in this cluster is the role of unemployment. As this indicator is updated on a monthly basis and reported for the county as a whole as well as for sub areas and vulnerable segments of the population, it is a good measure of relative

employment and family economic security conditions. Problems of under employment and the indication of the population which may have dropped out of the labor market are not measured by the unemployment rate and are much more difficult to access.

In August 1978, Alameda County's total labor force was 519,814, of whom 40,436 or 7.8% were unemployed. The county's unemployment rate for 1977 (8.5%) was slightly higher than that for the metropolitan area (8.3%). As might be expected, unemployment is more heavily concentrated in northern cities of the county (Berkeley, Emeryville, and Oakland) where there are large populations of minorities, young adults, and low income persons. In 1977, Berkeley and Oakland experienced unemployment rates of 10.7% and 10.1% respectively, while Alameda and the south county cities of Fremont and Union City had respective unemployment rates of 6.5%, 6.3%, and 7.4%. During periods of high unemployment (as in 1975 and 1976), unemployment among Berkeley youth soared to over 35% and among Blacks to over 20%. During those years, West Oakland's rate of unemployment rose to 27% and that in North and East Oakland reached 19%. In 1975, unemployment in Alameda County as a whole reached about 12.5%. In the vocational rehabilitation field, the California Department of Health, Department of Rehabilitation, reported a 1976 year end case load of 2,791. In Alameda County, recent interviews with district personnel indicate that the need for vocational rehabilitation services are expected to remain at about the current level.

Perception of Need

Employment counseling services rank third in terms of highest need among potential consumers and clients surveyed, with 21 or 10.6% indicating they needed service and 12 or 6.0% saying that they had used the service. Most of these interviewees were between the ages of 18 and 65 years, and had mixed opinions about the adequacy of the services received. Responses to the open-end questions revealed that interviewees were concerned about employment opportunities for teenagers and young adults, career counseling, and vocational training.

Three potential consumers and clients indicated they needed vocational rehabilitation services and two said they had used them, reflecting the relatively small portion of the population who need vocational rehabilitation services.

Agency professionals and community leaders surveyed ranked employment services as the greatest unmet social service need in Alameda County. Seventeen or 38% of professionals and 25 or 76% of community leaders rated employment services as the greatest unmet need. Professionals and leaders agreed that the need for employment services is most acute in Oakland and Berkeley, Mental Health Catchment Areas 18, 20, and 17, and indicated that youth, minorities, and low-income people were the groups most in need of employment services.

Public Expenditure

Public expenditures for employment and economic security services exceeded \$94 million in FY 1978. The primary source of funding for services in this cluster in Alameda County is the CETA program, which provides more than \$85.3 million through ACTEB/ACAP, Berkeley CETA and Oakland Department of Manpower Development. About \$13.0 million is spent in the County for CETA Title I, employment and training services (including employment counseling placement, on-the-job training, work experience and classroom training programs) and another \$11.0 million was spent for special impact programs for women, youth, etc.; however, the bulk of CETA funds (about \$52.2 million in FY 78) currently go to CETA Titles II and VI, public service employment. Additional funding for employment services comes from CSA and General Revenue Sharing. About \$1.1 million was identified for community economic development in the City of Oakland through the Public Works and Economic Development Act of 1965. Approximately \$6.5 million for vocational rehabilitation services were identified in Phase II "Publicly Supported Social Services in Alameda County," which comes through several Federal and State sources, including SSA Title XIX and XX, Vocational Rehabilitation Act, and the Lanterman Developmentally Disabled Act.

The major actor, however, in this field is the California Department of Health/Department of Rehabilitation which spends about \$4.8 million through its district office for Alameda County to support a diagnostic, counseling, and placement services staff of 58 professionals and to support contract services for vocationally handicapped people with other agencies for educational, training, or therapeutic services.

As a result of uncertainties in the CETA program, funding for services in this cluster is highly unstable. Moreover, as many other social service programs have CETA Public Service Employment funding, human services generally may be affected by probably cutbacks in CETA Title II and VI under the legislation being considered by Congress. Youth employment programs are expected to expand somewhat over the next year and funding for CETA Title I employment and training program is expected to remain at about the same level.

Funding for vocational rehabilitation services is relatively stable. The District Office of the Department of Rehabilitation reports that it expects to receive slightly less funding in FY-1979 than in FY-1978 as a result of underexpenditure in the prior year. The Department of Rehabilitation is currently giving priority to the severely handicapped and independent living rather than institutionalization approaches, and contracts with the Center for Independent Living in Berkeley and the Self-Dependent Center for the Handicapped in Hayward, for these services.

United Way Involvement

Employment and economic development have traditionally been low priority areas for the United Way of the Bay Area, and have been viewed largely as a responsibility of the public sector. In the early 1970s, United Way funded several agencies in Alameda County concerned with minority employment, including the East Bay Spanish Speaking Foundation, the Spanish Speaking Unity Council, Filipino Immigrant Services, and Oakland Chinese Community Center. The Bay Area Urban League, a multi-county agency, also provides on-the-job training in

Oakland and Berkeley, as well as other employment services. United Way supports two agencies offering vocational rehabilitation services to the County: the Alameda County Association for the Mentally Retarded and Mt. Diablo Rehabilitation Center (a sheltered workshop).

Conclusions

United Way's limited resources can have little impact on employment and economic security issues through a direct funding strategy. Federal funding for employment and employment services is massive in comparison to United Way resources. Despite this sizable public investment in employment service, employment services needs were ranked high by those surveyed, indicating that the need for job opportunities persists in Alameda County particularly for youth, minorities, and low-income individuals in the Berkeley-Oakland area.

Vocational rehabilitation service seems a relatively low priority need in Alameda County, but public support for services appears to be meeting only part of the need.

Part II, Section 2, Subsection 2

HEALTH SERVICES

The Health Services cluster is divided into two subclusters, medical care services and mental health services, and is the cluster with the second largest public investment, about \$74.9 million. The Alameda County Health Care Service Agency provides most of the publicly supported health services in the County, except for \$3.4 million of non-institutional health services to the cities of Berkeley and Albany provided by the City of Berkeley Public Health Department. Over the past ten years United Way has shifted its role in the provision of health care from general support of hospital services to the funding of specialized clinic services and community health clinics.

Medical Care Services

Community Health Clinic Services	6
Health Screening Services	22
Hospital Emergency Services	24
Hospital Inpatient Services	25
Hospital Out-Patient Services	26
Public Health Services	36

Public expenditures for medical care services exceeded \$57.9 million in FY-1978, of which \$45.6 million supports the two County hospitals. While the final impact of Proposition 13 is unclear, the immediate impact has been a 10-15% cutback in funds for medical care services. This cutback has not yet impaired medical care service provision severely, but further cutbacks next year could substantially reduce the level of County medical care services. Because of Alameda County's high infant mortality, the County has received a new \$2 million State grant for prenatal services. Community health clinics in the County, anticipating additional reduction in County funds next year, are pursuing HEW Urban Health Initiative grants and support from foundations such as the Robert Wood Johnson Foundation. As a result of much controversy over the management of the two County hospitals, a private management firm has been engaged by the County to manage the Highland

and Fairmont Hospitals. At the same time a sliding fee scale is being established for County hospital services and efforts are under way to convert the County hospitals to community hospitals by attempting to attract private physicians to County hospital practice. Proposition 13 has produced a growing cooperation between publicly supported medical care providers, particularly between the County and community health clinics. The County's Primary Health Care Committee currently is involved in an effort to plan health services in light of Proposition 13. Another new thrust in medical care services is a growing interest in holistic health education and preventive health care; however, there is currently little money for these services.

Indicators of Need

Communicable disease and mortality rates are regularly and systematically collected data which are fair indicators of health problems in the community. Communicable disease rates may not be a good indicator of incidence in the community because they reflect only those cases receiving treatment and not cases outside the service system. Numbers and rates are, however, an indication of need for services. Mortality rates are good indicators of health problems, particularly for the very young and old and health problems which result in death. They are less reliable for identifying less acute new health problems occurring in the young adult and adult population.

Medical care service ranks high among social services most needed in Alameda County. In 1970, 8.1% of the County's population was below the poverty level. In 1974, 6.6% contracted venereal disease. The 1977 infant mortality rate of 13.2 per 1,000 live births for the County was up from the 1976 figure of 12.7. The 1977 figure for Blacks in the County was 22.6 per 1,000 almost double that for the County as a whole.

There were 29 hospitals in Alameda County in 1975. These hospitals had 4,852 beds and operated at about 71% capacity. Of these hospitals, 22 offered emergency and/or outpatient services; 17 of these offered emergency services, and 12 offered outpatient services. These were outpatient renal dialysis, outpatient psychiatric, an outpatient rehabilitation unit, and organized outpatient services.

As shown in the Social Indicators column of the Health - Medical Care Services of the planning module, the number of hospitals offering emergency services declined from 24 in 1970 to 17 in 1975. While there have been improvements in ambulance services to existing emergency facilities and new community health clinics have been opened which receive many of the less serious daytime emergency patients, adequacy of hospital emergency services is an area which should be monitored.

Public and community health clinic services are ranked by potential consumers and clients as second most needed and most used social service in Alameda County. Of respondents, 29 or 14.6% indicated they needed health clinic services and 22 of 11.1% said they had used these services. Of those using clinic services, 32% felt they were outstanding and only 5% felt they did not meet the need. All but two respondents said they had used public health clinic services. Open-ended questions revealed that potential consumers and clients would like more health clinics in Alameda County.

Perceptions of Need

Agency professional and community leader surveys revealed a very high priority for health care treatment services, but less concern for the need for preventive health care services. Professionals rank health care treatment services a number one priority along with employment services and community leaders ranked it fourth out of twelve. Thus, 17 or 38% of professionals and 9 or 27% of community leaders felt that health care treatment was a great unmet social service need. The need for preventive health care services ranked eighth with agency professionals and twelfth with community leaders. Agency professionals and

community leaders generally agreed that health care treatment services needs are greatest in Oakland and Hayward (Mental Health Catchment Areas 18, 20, and 22). Preventive health care needs were identified as greatest for Oakland. Populations identified by agency professionals and community leaders as those most in need of health treatment services were minority groups, low-income people, and the elderly. Youth were identified as the group most in need of preventive health services.

Public Expenditure

The public expenditure for medical care services was approximately \$57.9 million in FY-1978. The field of service breakdown was as follows:

Community health clinic services	\$ 2.6 million
Health screening services	.3 million
Hospital emergency services	1.2 million
Hospital inpatient and outpatient services	45.6 million
Public health services	<u>8.2 million</u>
Total medical care services	57.9 million

Hospital services thus account for more than three-quarters of the public expenditure for medical care services in Alameda County. The \$45.6 million supports the two County hospitals, Highland and Fairmont. Funds supporting these hospitals come from a variety of Federal, State and local sources, including Medicare, MediCal, and private insurance reimbursements. The two hospitals served about 13,269 patients in FY-1978. Highland Hospital is currently an acute health care facility.

Public expenditures for community health clinic services (\$2.6 million) come from County GRS and SSA Title XX, Berkeley CSA, and general fund sources. Health clinic services are focused on specific populations with special health service needs or on specific neighborhoods. Health screening services are supported by County GRS, Oakland

CSA, and Berkeley CDBG funds for vision screening, optometric services, and hypertension screening services.

The County Health Care Services Agency/Public Health Service and the Berkeley Public Health Department administer and provide most public health services in the County, including vital statistics, communicable disease control, preventive medical care, public health nursing, environmental health, laboratory and crippled children's services.

United Way Role

United Way has shifted its role in medical care services from general hospital support to support for specialized clinics and community health clinics. As a result, United Way currently supports only community health clinic services, health screening services, and hospital outpatient services. Over the past ten years, United Way has phased out support for hospital emergency services, hospital inpatient services, and public health services because United Way was providing less than 1% of the cost and government and private insurance seem to support these services adequately.

In Alameda County, United Way supports two agencies offering medical care services: the YWCA of Oakland, which operates a family planning clinic, and Herrick Hospital's Department of Rehabilitation. In addition, United Way supports one multi-county agency (Sickle Cell Anemia Research and Education, which provides screening and clinic services), and five national health organizations (the American Social Health Association, Hearing Society of the Bay Area, Multiple Sclerosis Society, San Francisco Hearing and Speech Center, and the San Francisco Heart Association).

United Way also funds the Berkeley Visiting Nurse Association and the Visiting Nurse Association, Inc. (serving Alameda County), which provide in-home health and homemaker services discussed in the Social Development Cluster of this section.

Conclusion

Funding of medical care services is dominated by the County Health Care Services Agency. In spite of the large public investment in medical care treatment services, it was ranked high on the list of unmet needs by all groups surveyed. The survey's open-ended questions show that potential consumers and clients were particularly interested in increasing the availability of clinic services.

Mental Health Services

Alcohol and Narcotics Treatment Services	2
Crisis Intervention Services	13
Mental Health Services	32

Mental health subcluster services are closely related to counseling and residential treatment services discussed in the Social Development Services cluster of this section, and many of the United Way agencies provide services in both areas. In some cases, such as mental health services and counseling services, there seems to be a substantial overlap both in the method and goal of these services.

Public expenditure for mental health services in Alameda County was about \$17.0 million for FY-1978. The major administration agencies are the County Health Care Services Agency and the Berkeley Public Health Department (which administers mental health programs for the cities of Berkeley and Albany). As for medical care services, the immediate impact of Proposition 13 has been a 10% reduction in County GRS and general funds for mental health services. While Short/Doyle State funds for mental health services increased slightly, the reduction of the matching County funds, from 20% to 10%, plus other cutbacks, more than offset this increase. Federal funding for community mental health services is expected to decrease over the next several years.

Indicators of Need

Drug law violations are one indicator of need for treatment services for addicts. Drug violations comparisons, however, are biased by law enforcement priorities and thus cannot be taken as a reflection of incidence of violations in a community. Service provision data such as number admitted to State-aided mental health facilities only indicate the number served, but indicate nothing about incidence in the community or the rate of capacity at which the facilities are operating. Service data may also be radically biased by changes in service delivery approaches, such as the deinstitutionalization of the mentally disturbed or developmentally disabled.

In 1975, Alameda County had 6,765 adult drug law violations and adult drug law felonies were 46.0% of all adult felonies. There were 2,100 juvenile drug felonies (about 10% of all juvenile felonies). Forty-two cases of hepatitis Type B were reported and 137 deaths were caused by drug abuse in 1975. The number of forcible rape offenses rose from 437 in 1970 to 575 in 1975. The number of aggravated assault offenses increased from 2,089 in 1970 to 3,603 in 1975. There were 378 cases of child abuse reported and 4,935 acute psychiatric admissions in 1975. State-aided mental health facilities reported 3,054 inpatient and 18,584 outpatient admissions in 1974.

Perceptions of Need

Potential consumers and clients surveyed ranked mental health services low among social services needed. Of respondents, only 9 (4.5%) said they both needed and received counseling or mental health services. Only 4 respondents indicated that they needed the alcohol and narcotic treatment agency services.

Professionals and community leaders differed only slightly in their opinions that alcohol and narcotics treatment services were not among the most pressing unmet social service needs. Alcohol and narcotics treatment services ranked eighth with agency professionals and sixth with community leaders (out of 12) as the greatest unmet social service

need. These respondents also felt that Oakland was the geographic area with the greatest need in the County and that youths, women, and minorities were the groups most in need of alcohol and narcotics treatment services.

Greater divergence of opinion between professionals and leaders occurred in the areas of mental health and crisis intervention services. Of agency professionals surveyed, 16 (36%) thought mental health and crisis intervention services were a great unmet need and ranked them second among unmet social service needs in Alameda County, while 6 or 18% of the community leaders felt the same way, ranking them sixth out of 12. Albany, Berkeley, and Oakland were frequently mentioned as the geographic areas most in need of mental health and crisis intervention services, and children, youth, elderly, other adults, and minority groups were the populations most often identified as in need of these services.

Public Expenditure

Public expenditures for mental health subcluster services in Alameda County were approximately \$17.0 million in FY-1978. About \$5.7 million was spent for alcohol and narcotics treatment services, of which the County Health Care Services Agency/Alcohol and Drug Abuse Service administered \$4.0 million. Funds for these services came from Federal, State, and local sources. Alcohol and narcotics treatment services are provided by Santa Rita and Herrick Hospitals, nonprofit drug abuse and health centers, community-based organizations, and social service agencies.

The County Health Care Services Agency/Mental Health Service and the Berkeley Public Health Department administer and operate most of the \$10.8 million spent in Alameda County for mental health services. The County contracts with 16 nonprofit agencies for about 20% of its services. Funds for health services come from State, Short/Doyle, National Institute of Mental Health, County GRS, and County general funds.

Public expenditures for crisis intervention services were about \$325,000 in FY-1978 and again were largely administered by the County Health Care Services Agency. The Suicide Prevention Association of Alameda County is also supported by County GRS funds as well as receiving United Way support.

United Way's Role

United Way of the Bay Area has taken an active role in the provision of mental health subcluster services.

In alcohol and narcotics treatment services, United Way funds Catholic Social Services of the Oakland Diocese and the Salvation Army. United Way agencies offering crisis intervention services include the Southern Alameda County and Berkeley YWCAs, the Suicide Prevention Association of Alameda County, and Family Services Agency of the East Bay. United Way agencies providing mental health services are the Mental Health Association of Alameda County, Alameda Family Service Agency, Lincoln Children's Center, Fred Finch Youth Center, and Sunny Hills.

Conclusion

While it is clear that there is a continuing need for mental health services, there was substantial divergence among potential consumers and clients, agency professionals, and community leaders about the degree of need. Agency professionals perceived the need for mental health services to be the greatest, with the exception of alcohol and narcotics treatment services, while potential consumers and clients rated it relatively low. Community leaders ranked the need for these services sixth out of 12, or moderate in comparison to other service needs.

The County Mental Health Advisory Committee has recognized the need to expand mental health services to the elderly and work is underway to improve service to Criminal Justice inmates.

The County Health Care Service Agency is the dominant funder of mental health services; however, United Way also plays a significant role by providing core funding for some of the nonprofit voluntary agencies offering mental health services. As the realities of Proposition 13 unfold, United Way may have an opportunity to participate in the planning of mental health services in Alameda County, particularly with regard to the issue of service consolidation and coordination.

Part II, Section 2, Subsection 3

BASIC MATERIAL NEEDS SERVICES

- 18 - Food Services
- 27 - Housing Development Services
- 28 - Housing Services
- 42 - Transportation Services

Support for services in the Basic Material Needs Service cluster comes largely from a variety of Federal sources and is administered by a number of County, city, and private social service agencies in Alameda County. United Way does not support many of these services directly but does provide core funding for some agencies offering these services in Alameda County.

While the impact of Proposition 13 is not fully known, the immediate impact on transportation and other services funded by County GRS funds has been a reduction of 10-15% this year and those services, which are provided by community-based agencies, will be highly vulnerable to severe cutbacks or termination next year.

Indicators of Need

Indicators of need in this cluster are much more directly related to problems and service needs than in other clusters. Some data, however, such as housing data which used 1970 census data may not be a reliable measure of current conditions.

In 1975, 22,755 Alameda County families received Aid to Families with Dependent Children, which included a total of 48,430 children, and 73,602 persons participated in the Food Stamp Program. In 1970, there were 16,016 one-person households or heads of households 65 years and over who were below the poverty level.

In 1970, 41.0% of Alameda County residents paid 35% or more of their income for housing and 45.0% paid 25% or more of their income for housing. Housing assistance plans for Alameda County show that the areas most needing subsidized housing assistance are Berkeley, where 36.7% of the housing stock was found to be substandard in 1976, and in

Oakland where 18% of the housing was substandard, compared to a rate of 8.2% substandard units for the County as a whole. In 1976, housing assistance plans showed that there was a vacancy rate less than 3.0% in all of Alameda County (a 3% vacancy is commonly accepted as indicating a housing shortage), except in the Oakland rental housing market which experienced a vacancy rate of 4.8%.

In 1970, there were 100,000 persons 65 and over in Alameda County and 64,803 handicapped persons aged 16-64 who were not inmates and not attending school. The annual area aging plan for 1979 projects that 7,033 to 11,253 frail and handicapped elderly will need special transportation services.

Perceptions of Need

Potential consumers and clients rank food services as the fifth most needed social service in Alameda County. Sixteen or 8.0% indicated they need the service, and 9 or 4.5% said they have used the service. Five clients were under 18 years of age and five were between 18 and 65 years of age, which suggests that these were school lunch program and Food Stamp recipients. One user of food services thought they were outstanding and over 50% thought they were adequate. Twelve or 6% of the potential consumers and clients indicated that they needed housing or transportation services. Eleven or 5.5% of these respondents said they had used transportation services and six or 3% said they had used housing services. The needs for transportation and housing assistance services were ranked seventh in importance by potential consumers and clients. All but one client rated the transportation and housing services received either adequate or outstanding.

Perceptions of agency professionals and community leaders diverged on the need for housing or housing services. Seven or 16% of agency professionals thought housing services were a great need, ranking them eighth out of 12; however, 16 or 48% of the community leaders thought housing services were a great need, which ranked it second, after employment services. Agency professionals felt that the need for housing services was fairly evenly distributed throughout the

County, but there was substantial agreement among community leaders that housing services were most needed in Oakland (Mental Health Catchment Areas 18 and 20) followed by Berkeley (Catchment Area 17). The populations most frequently identified as needing housing and housing services were minority groups, low-income people, and the elderly.

Agency professionals and community leaders generally agreed that transportation services were a low-priority social service need. Four or 9% of the agency professionals and 2 or 6% of the community leaders thought that transportation services were a great unmet social service need, which corresponded to a ranking of ninth out of 12 by agency professionals and tenth out of 12 by community leaders. Agency professionals felt that transportation service needs were highest in the Livermore/Amador area (Catchment Area 24) and all agreed that the transportation service need was most severe for the elderly and the disabled.

Public Expenditures

Public expenditures for the Basic Material Needs Services cluster totalled \$6.3 million for Alameda County in FY-1978. The major provider of food services (\$1.4 million) is the Social Services Bureau of the East Bay, a United Way agency, which operates a \$1.2 million OAA VII nutrition program in 24 centers throughout the County (Berkeley and Albany operate their own). Oakland CSA and County GRS funds also support food services to the elderly and low-income families respectively.

In FY-1978, the Federal Community Development Block Grant funds received by the County and six cities in the County supported \$2.7 million in housing development programs, including housing rehabilitation loans, grants, and senior citizen housing construction. Oakland CSA and ACTEB/ACAP operate small weatherization programs. Community Development Block Grant funds supported \$1.8 million worth of housing services, including housing, counseling, tenant-landlord mediation, fair housing, and housing information and referral services. In addition, small amounts of County GRS and ACTEB/ACAP CSA funds are spent for housing services.

About \$294,000 of County GRS and Oakland CSA funds were spent for special transportation services for the elderly, the handicapped, and persons with special health needs in Alameda County in FY-1978.

United Way's Role

United Way does not fund basic material needs services, but provides core funding to numerous agencies which do. Some of these services, such as food services, are ancillary services to the primary service of the agency. United Way agencies providing basic material needs services in Alameda County were:

Food Services

East Bay Spanish Speaking Citizens Foundation
Oakland Chinese Community Council
Social Services Bureau of the East Bay
Boys Club of Hayward
Fred Finch Youth Center
The Parent Child Development Center
Campfire Girls of Alameda and Contra Costa Counties
The American National Red Cross
The Salvation Army
Home Health and Counseling Services.

Housing Development Services

Spanish Speaking Unity Council
The Salvation Army.

Housing Services

Berkeley YMCA
Berkeley Community YWCA
Hebrew (Jewish) Home for the Aged
The Salvation Army.

Transportation Services

Southern Alameda County YWCA

Oakland Chinese Community Council

Oakland and South Alameda County Chapters of the Red Cross

Social Services Bureau of the East Bay

East Bay Spanish Speaking Citizens Foundation

The Salvation Army

Travelers Aid Society of Alameda County.

Conclusion

United Way's limited funds do not allow it to compete with large Federal programs in the provision of basic material needs. However, through supplemental funding to agencies providing basic material needs services, United Way has been able to contribute to meeting the needs of Alameda County residents.

Among survey respondents, housing services were a high need area as perceived by community leaders. Social indicator and housing assistance plan data suggest that Alameda County has a housing shortage, and that a substantial percentage of the population has excessively high housing costs. In addition 80% of the 51,000 substandard units in the County could be rehabilitated to ensure maintenance of the existing housing stock.

The Alameda CPC has identified emergency assistance housing and housing counseling as priority needs for the new fiscal year.

Transportation seems to be a lower priority service need except for the elderly, the handicapped, and those living in the Livermore-Amador area of the County, Catchment Area 24.

Part II, Section 2, Subsection 4

PUBLIC PROTECTION SERVICES

- 4 - Community Alternatives for Correctional Services
- 10 - Consumer Protection and Information Services
- 15 - Disaster Relief Services
- 31 - Legal Assistance Services

Public Protection Services, social services not included in the United Way typology, protective services for children and adults, are provided by the County Social Services Agency and Court systems.

Most public funding for public protection is allocated to local police and fire departments and County and State court and correctional systems. They are not traditionally considered "social services"; however, changes in many traditional services over the last few years are making them more socially oriented. Implementation of AB 3121 in 1976 mandated that juvenile status offenders no longer be sent to Juvenile Hall, thus necessitating the development of community-based counseling services for dealing with their problems. There has also been considerable activity in the area of providing services to victims and witnesses of crimes to assist them in dealing with the effects of the criminal event. Thus, need for public protection has been expanding in scope beyond the need for traditional police and fire services.

Proposition 13 may well undermine some of the social innovations in public protection services. The Alameda County District Attorney's Office victim and witness program was not funded from County general funds after the Federal funds ran out because it was not a mandated service. Many of the community-based alternatives to corrections programs funded from County GRS may be cut back severely next year. The program for deinstitutionalization of status offenders was significantly cut back this year.

Indicators of Need

There are no good indicators of need for services in this cluster. The indicators presented are largely suggestive of populations in the

County which by their numbers in the population might be appropriate users of public protection service.

Service data for the Alameda County Legal Aid indicated that the organization handled 5,683 civil cases in 1977 and that the Public Defenders Office handled 35,000 criminal cases in 1977-78.

In 1975, 3,796 Alameda County juveniles were arrested for delinquent tendencies and 3,327 were on probation. In 1970, 278,979 persons 25 years and over had not completed the fourth year of high school and 80,000 residents of the County were below the poverty level.

Perceptions of Need

Fifteen or 7.5% of potential consumers and clients indicated they needed consumer protection and information services, which ranked it fifth from the highest social service need. The fact that only 7 or 3.5% ever used consumer protection services indicates a substantial unmet need for the service. Legal assistance services were ranked sixth by the potential consumers and clients surveyed. Thirteen or 6.5% said they need the services and 9 or 4.5% said they had used legal assistance services. Most clients surveyed thought the legal assistance services were adequate and two felt they were outstanding.

While there was some divergence of opinion, neither agency professionals nor community leaders felt that public safety was the area of highest unmet need. Three or 7% of agency professionals perceived public safety services to be a great unmet need, which assigned it a ranking of tenth out of 12. Five or 15% of community leaders thought that public safety services were a great unmet need, which gave it a ranking of eighth out of 12. While agency professionals felt that public safety services needs were distributed relatively evenly throughout the County, community leaders thought they were greatest in Oakland.

Protective services for children and adults were perceived to be only slightly more important as an unmet need. Agency professionals ranked protective services ninth out of 12 and community leaders ranked

them eighth out of 12. Both agency professionals and community leaders felt that the need for protective services for children and adults was greatest in Northern Alameda County (Catchment Areas 17, 18, 19 and 20) but also noted some need for these services in southern Alameda County.

Public Expenditures

In FY-1978, public expenditures for public protection services exceeded \$4.7 in Alameda County.

The County Probation Department spent about \$1.6 million for deinstitutionalization of status offenders and another \$100,000 of County GRS funds supported/community-based agency alternative corrections programs for adults and youth.

Only \$7,500 was allocated to consumer protection and information services from County GRS funds. The County Health Care Services Agency/ Emergency Medical Service does disaster relief planning for the County.

About \$1.2 million was spent for legal assistance services in Alameda County. Alameda County Legal Aid is the dominant agency providing legal services supported by a \$917,000 Legal Service Corporation Act grant. County GRS and Oakland CSA funding supports legal counseling services for youth and the elderly.

The County Social Services Agency spends about \$2 million for protective care services for neglected and/or abused children and for aged, blind, and disabled adults.

United Way's Role

Only legal assistance and disaster relief services have been a priority for United Way; however, several United Way agencies report community alternatives for corrections services, and the Alameda County Legal Aid provides consumer protection services for low income people. The Stiles Hall, YMCA, the Volunteer Bureau of Alameda County, the Allied Fellowship Service of the Southern Alameda County YWCA, the Children's Home Society, the Alameda County and Piedmont Councils of the Boy Scouts

of America, and the Salvation Army operate a variety of community alternatives for corrections programs in Alameda County, including delinquency prevention, own-recognizance and court volunteer work programs. Many of these services are supported by the County. The American National Red Cross and the Salvation Army are the two United Way agencies that provide disaster relief services in Alameda County. Alameda County Legal Aid (not funded in FY-1979), Asian Law Caucus, and Social Services Bureau of the East Bay offer legal services and legal counseling in Alameda County.

Conclusion

While primary responsibility for public protection services rests with local, State, and Federal governments (which provide traditional police, fire, criminal justice, and correctional services), public protection social services are provided by a mix of public and private voluntary agencies. Several of the alternative corrections programs operated by United Way agencies are funded by Alameda County. The American National Red Cross, which receives the bulk of its funding from United Way, plays a crucial role in rescue and emergency care of disaster victims. Consumer protection and information services seem to be the greatest unmet need in this cluster. Less than half of the potential consumers and clients indicating a need for the service ever use the service; and the analysis of public and United Way expenditures for consumer protection and information services shows very little funding in this field of service.

5. Social Development Services

- A. 40. Supplementary Education Services
- B. Counseling and Residential Care
 - 12. Counseling Services
 - 33. Nonresidential Treatment Services
 - 37. Residential Treatment Services
- C. Individual and Family Services
 - 1. Adoption Services
 - 19. Foster Care Services
 - 14. Day Care Services
 - 30. In-home Health Service
 - 23. Homemaker Services
 - 9. Companionship Services
 - 16. Emergency Assistance Services
 - 41. Supportive Services to Separated or Relocated Individuals or Families
- D. Group-Oriented Services
 - 3. Camping Services
 - 34. Personal Growth Services
 - 39. Social Adjustment Services
 - 20. Group Supportive Services
 - 21. Health, Safety, and Physical Education Services

The 17 United Way fields of service divided into four subclusters are provided in widely divergent ways and settings. Many of the services in this cluster are closely associated with each other or with services in the Mental Health subcluster, particularly those in the counseling and residential treatment subcluster. The County

Executive's Office General Revenue Sharing program, County Social Service Agency, the County Health Care Agency, the Department on Aging, the Alameda Regional Criminal Justice Planning Board, three community service agencies, and more than half of the cities in the County are active in the Social Development cluster. Many of the services in the cluster are delivered by nonprofit social service and community-based agencies. The County itself contracts with more than 350 agencies, most of which fall into this cluster.

Strong support for these services has been central to United Ways concept of its role in meeting human needs. More than 55% of United Way's funds are allocated to agencies providing services predominantly in the Social Development Cluster. In some cases such as Personal Growth Services, United Way has been the primary support services and government has been relatively inactive. In other cases such as Day Care, United Way has provided supportive and enrichment elements to services where government has intervened on a large scale.

Proposition 13 and reductions in State allocations for social service programs are likely to significantly reduce social development services supported by the County in the next few years. The immediate impact of Proposition 13 has been a 10% reduction in funding for community-based programs from County Revenue Sharing and a \$946,000 or 12.5% cut in Title XX social services funds. Over the next several months, the County Executive's Office and the various County agencies will be reviewing and evaluating services, including community-based contract services, to set priorities for next year's funding of social services. Because many community-based contract services are not State or Federally mandated, they will be particularly vulnerable to future cutbacks. The City of Berkeley terminated \$500,000 of general fund support for social services (most of which falls in the cluster) as a result of Proposition 13; however, the City of Hayward has been able to maintain its General Revenue Sharing social services funding.

While the diversity of services in this cluster make predictions with regard to trends in future government support for specific services difficult, it seems fair to conclude that in the next several years United Way Agencies in this area will likely experience increased demand for services while at the same time have less government funding to support their services.

Indicators of Need

The social indicators presented in the cluster tables are largely drawn from State and Federal sources. This quantitative data enables one to picture a general state of reality for some point in time, but are not direct keys to social needs. They tend to identify particular segments of the population likely to be vulnerable to problems and thus delineate broad areas of potential need. For example, the census finding that 10.3% of Alameda's residents age 16-21 are not highschool graduates and not enrolled in school, does not enable the planner to identify how many need supplementary education services, but it does indicate that the need is likely to be large. Similarly while the decline in arrest rates for adult drunkenness, disorderly conduct and disturbing the peace for 1970 and 1975 may reflect police priorities, they do indicate a population likely to need counseling or residential services.

Data reporting levels of services are somewhat more difficult to use as indicators of need without some knowledge of changes in practices in the field and the specific geographic area; however, the dramatic drop in adoptions from 300 in 1970 to 136 in 1977 suggests that placing children in adoptive homes is a declining problem.

The potential consumers and clients ranked two services in this cluster as greatly needed. They ranked recreation programs the top needed service, with 45 or 22.6% of respondents indicating a need for the service. Forty-one or 20.6% said they had received the service. Thirty-four or more respondents were regular users of public recreation services who felt that they were either adequate or outstanding. Only

six said they used private services, and one did not know who provided the services. Day care programs ranked third with potential consumers and clients as the service most often needed. Sixteen or 8.0% felt they needed the service and ten or 5% actually used the service.

Counseling and mental health services ranked eighth with potential consumers as the social service most needed and all those in need of counseling/mental health service said they received them. Five of the nine respondents using the counseling/mental health service received them from private agencies; three out of nine called them outstanding and eight out of nine rated them either adequate or outstanding.

Homemaker services ranked ninth as the service most needed by potential consumers and clients. Seven or 3.5% needed homemaker services and three or 1.5% received them. Visiting nurse and emergency assistance ranked tenth and eleventh as the most needed social services.

Agency professionals and community leaders ranked most social development services as being either of moderate or low need among social services. Agency professionals ranked day care services for children as eighth out of 12. Community leaders perceived greater need for child day care, ranking it fifth out of 12. Agency professionals felt the need for day care services was concentrated in Berkeley and Oakland; community leaders felt that the need was greatest in those areas, but that day care was needed in all areas of the county. Low income and minority groups were the populations most often noted as needing day care services.

Special supportive services to families (including single parent families) was ranked fifth out of 12 by agency professionals and eighth out of 12 by community leaders among the social services most needed.

Services to ethnic minorities or newly arrived immigrants, including bilingual and bicultural services, were ranked fifth out of 12 by agency professionals and eighth out of 12 by community leaders. Generally, these respondents felt that the need for services to ethnic minorities and newly arrived immigrants was greatest in Berkeley, Oakland, and Hayward.

Agency professionals and community leaders seem to have quite different opinions on the need for supplementary education services and ranked it tenth and third out of 12, respectively. Open-ended questions reveal that community leaders were concerned most often with the low quality of public education, which probably accounts for the high ranking given this service by community leaders.

Recreation and emergency assistance services were ranked as having relatively low unmet needs by both agency professionals and community leaders.

Public Expenditure

In FY-1978 public expenditure for services in the Social Development Cluster in Alameda County exceeded \$19.1 million. Approximately \$689,199 was identified for supplementary education services, \$531,000 of which was Oakland-CSA funding for Head-Start programs.

Counseling and residential treatment services exceeded \$6.5 million, \$4.2 million of which supports residential treatment services for youth and adult alcohol and drug abuse, and psychiatric treatment administered by the County Health Care Services Agency. County GRS funds support most of the \$2 million in counseling services for youth, including alcohol and drug abuse counseling, and family counseling (which includes child abuse counseling). The County also supports nonresidential treatment services for youth and ex-offenders.

Individual and family subcluster services account for public expenditures of about \$11.5 million. The County Social Services Agency/Children's Protective Division provides welfare, adoption, and foster care services supported by SSA Title XX and IV funds amounting to about \$1.6 million.

Funding for day care services, excluding those provided by public schools and unlicensed services, exceeded \$1.8 million. SSA Title XX, administered by the County Social Services Agency, provided about half of this funding. Berkeley and Oakland Community Service Agency programs and ACTEB/ACAP account for another \$634,500. The City of Berkeley

invested about \$320,000 of CDBG and Berkeley general funds in child day-care services. Only \$92,000 was identified in day care programs for the elderly.

Under in-home health and homemaker services, public expenditures from SSA Title XX for in-home supportive services to families, the elderly, and the disabled was about \$7 million.

Much smaller sums are allocated to companionship and emergency assistance services, and to supportive services for separated and relocated individuals and families.

Public support for group-oriented services was about \$545,000, the bulk of which was spent for recreation, cultural, and community center activities.

United Way's Role

As mentioned above, United Way allocated approximately 55% of its funds to agencies whose primary service thrusts are in the Social Development Services cluster. Many of these are large multi-county and federated youth-serving agencies (such as the YMCA and YWCA, Scouts, Boys Clubs and Girls Clubs), established sectarian and nonsectarian social service agencies (such as Catholic Social Services, Jewish Welfare Federation, Family Service Agency, the Salvation Army, the Social Service Bureau of the East Bay), and other more specialized agencies (such as the American National Red Cross, United Service Organization (USO), and the Children's Home Society of California. Some are smaller neighborhood or minority-based agencies, many of which were admitted to United Way in the early 1970s (such as East Bay Spanish Speaking Foundation, Oakland Chinese Community Council, and Filipino Immigrant Service). Still others are residential and nonresidential, or special care agencies, such as Fred Finch Children's Center and Lincoln Children's Center (serving children with emotional or learning problems), Allied Fellowship Service (serving ex-offenders), Mount St. Joseph-St. Elizabeth (serving dependent or delinquent girls), and child day care centers.

Approximately 25 United Way agencies report provision of supplementary education services in Alameda County. Most often supplementary education services complement other services of the agency, particularly those falling in the Group-Oriented Services subcluster. United Way funding seems to be a principal source of support for these services. These services, which range from tutorial programs to arts and crafts and cultural classes, are provided by such agencies as the YMCAs, YWCAs, Boys' and Girls' clubs, Scouts, Campfire Girls, Oakland Chinese Community, East Bay Spanish-Speaking Foundation, Intertribal Friendship House, and the Salvation Army.

Counseling and residential care services have been a priority of United Way; however, in recent years increased costs of residential treatment services (rather than expansion of services) have accounted for additional allocations in this subcluster. Typically, United Way agencies specializing in provision of counseling service are the more established multicounty federated agencies such as Catholic Social Service, Family Service Agency, Jewish Family Service Agency, and the Salvation Army. Nonresidential and residential treatment services range from homes for unwed mothers (such as Florence Cirttenton and Mt. St. Joseph-St. Elizabeth), to services to children, disabled by emotional disturbance, mental illness, retardation by such agencies as Fred Finch Youth Center and Lincoln Child Center.

United Way's priority and levels of financial support vary widely among the eight fields of service comprising the Individual and Family Services subcluster. On the one hand, day care services for children have been a priority for United Way, and over the past ten years United Way support has increased from about \$90,000 to four agencies to over \$680,000 to 22 day care agencies in the five counties, seven of which provide services in Alameda County. Six other United Way agencies also offer day care services in the County. On the other hand, no adoption services and only one foster care service (the Children's Home Society), are supported by United Way to service Alameda County. Other services in this cluster receive regular, continuing United Way support (but are not United Way high priorities or new thrust); these include:

- In-home health and closely related homemaker services provide by the Visiting Nurse Association and the Home Health and Counseling Service.
- Companionship services offered by Big Brother and the Family Agency in Alameda County.
- Emergency assistance services and supportive services to separated and relocated individuals and families offered by Travelers Aid, Salvation Army, and the Red Cross.

In FY79, United Way agencies offering Group-Oriented services received about \$4.8 million or 29% of United Way's allocation for the five counties. This subcluster is dominated by large, federated youth-serving agencies such as the Scouts, Boys' and Girls' Clubs, YMCAs, YWCAs, and other agencies providing youth or social adjustment oriented social service (such as Family Service Agency), and minority-based agencies (Filipino Immigrant Services, etc.). Personal growth services, which include a broad range of person-to-person interactive activities, and health, safety, and physical education services account for most of the United Way funds spent in this subcluster. Very little United Way funding is spent for camping services, and then only for day camping.

Little public funding supports group-oriented service offered by private agencies; thus, United Way funding seems to play a major role in the private agency provision of services in this subcluster.

Conclusion

While public support for social development services far exceeds United Way support, United Way plays a significant role in the provision of these services. In some areas such as day care services, for example, United Way funds supplement public funds enabling private agencies to offer enriched services. In other fields such as health, safety, and physical education services (offered by YMCA and Boys' Clubs, etc.), United Way agency services complement those offered by public agencies such as the Recreation and Parks Department and increase the array of alternative services available to the community at nominal (or no) cost to the consumers. Services in this cluster are more frequently used by the middle class.

With the exception of recreation and day care services, most potential consumers and clients felt that social development services were either a moderate or a low-priority need. Agency professionals and community leaders also perceived the need for social development services as either of moderate or low priority. The divergence of opinion between the consumers and agency professionals/community leaders on the need for recreation services is probably accounted for by the fact that recreation is a service readily available, highly visible, and frequently used by most segments of the population (in contrast to other social services).

6. Community Organization and Management Services

- 7. Community Organization Services
- 8. Community Volunteer Services
- 11. Coordinative Management Services
- 29. Information Referral Services
- 35. Public Education
- 38. Research Services.

Unlike those in preceding clusters, the services in the community organization and management cluster tend to be supportive or secondary services designed to improve an agency's ability to administer or deliver services, increase the staff and other resources of an agency, or to improve the accessibility or availability of services. In order to understand the full importance of this cluster it must be noted that administrative support services are not specified among United Way's 43 fields of service. United Way and government indirectly support activities included in this cluster, but they are not generally separable from other program and administrative budget items.

Generally, services in this cluster were regarded as being of relatively low priority, and current government and United Way resources going to this cluster are relatively low.

While both public and private sector planners are still in the process of considering how to coordinate necessary reductions in service to meet Proposition 13 cutbacks, the Alameda County Human Services Council was not refunded in FY1979. Thus, County resources for county-wide human service planning have been reduced.

Indicators of Need

Social indicators do not apply to most fields of service in this cluster; however, the potential need for community organization, volunteer and information and referral services may be identified with the concentration and location of certain segments of the population. For example, the estimates identified 47.2% of the County's population aged 60 and

over as living in Oakland and 12% in Berkeley in 1976. Likewise, 67% of the County's population below the poverty level live in Berkeley, Emeryville, or Oakland. These indicators and the percent minority population also reported in the tables are an indication of where people live who are more likely to need these services.

Perceptions of Need

Agency professional and community leader surveys generally agreed that the need for services in this cluster were relatively low. Only 4% of professionals and 12% of community leaders felt that "opportunities for community-based service delivery or for community participation in decision making" were the greatest unmet need. Similarly, 2% of professionals and 9% of community leaders thought that "better program coordination or more efficient administration and service delivery" was the greatest unmet need. Moreover, neither group expected there would be a growth in need for these services.

Generally, the perceived need for services in this cluster could be interpreted as low. For example, community leaders felt that information and referral and technical assistance in program management (coordinative management) were among the least severe unmet needs in the County. Community organization services were thought to be a somewhat more severe unmet need.

Populations and age groups identified by professionals and leaders as most affected by services in the cluster for community organization included the elderly, low income minorities, and the disabled.

Public Expenditures

Both the public and United Way investment in community organization and management services has been very low. This is in part a result of the supportive service nature and relatively low cost of services such as community volunteer and public education services. It also reflects the fact that many agencies undertake activities such as coordinative management and research as a part of general administrative activities.

As shown below, among the fields of service in this cluster only information and referral services received a significant amount of public support in FY78 (\$1.85 million or about 1.1% of public expenditures for human services). In FY78 public investment in community organization and management services was as follows:

<u>Field of Service</u>	<u>Amount</u>	<u>Percentage</u>
Community volunteer	\$ 68,566	Less than 0.1%
Community organization	--	--
Coordinative management	351,859	0.2%
Research	34,566	Less than 0.1%
Information and referral	1,854,631	1.1%
Public education	33,981	Less than 0.1%
Total	\$2,343,608	1.3%

County GRS funds support activities of the Alameda County Volunteer Bureau. No public funds were allocated for community organization service. The County Department of Aging and ACTEB/ACAP were the only two agencies to undertake coordinative management services. While numerous public and community based agencies provide information and referral services, major sources of support for this service were County GRS and SSA Title XX funds, and City GRS, CSA, and CETA funds.

The general decrease in money for human services resulting from the Proposition 13 property tax limit, declining Title XX allocations, and a potential loss of GRS revenue resulting from reduced local tax effort are likely to reduce funds available for information and referral services supported by the County. The immediate impact for this cluster has been a 10% reduction in GRS funds for volunteer and information referral services.

United Way Role

United Way support for community organization and management services has also been historically very low and these services have not been of high priority within United Way. United Way funds two Volunteer Bureaus in Alameda County which specialize in recruiting, training, and

placing volunteers. In addition, the Red Cross, Boy Scouts, and Big Brothers all report the substantial use of volunteers in their programs. Alameda County Mental Health Association, Oakland Chinese Community Council, Catholic Social Services, Jewish Welfare Federation, and the Boys Club all indicate some community organization activities in Alameda County. United Way agencies providing coordination management services in Alameda County were Child Care Coordinating Council of Alameda County Urban League, Jewish Welfare Federation of Alameda and Contra Costa Counties, Catholic Social Services, the East Bay Spanish Speaking Foundation, and the Spanish Speaking Unity Council. The Bay Area Urban League is the only United Way agency reporting research service. Virtually all United Way agencies provide some information and referral services; however, those specializing in the service in Alameda County were East Bay Spanish Speaking Foundation, the Oakland Chinese Community Council, Filipino Immigrant Services, the Mental Health Association of Alameda County, International Institute of the East Bay, and the Child Care Coordinating Council of Alameda County. Several health-related associations (including Alameda County Association for the Mentally Retarded, Alameda County Mental Health Association, SCARE, etc.) and two Family Service Agencies provide public education services designed to make information about health problems and services available to the public.

Conclusions

Community organization and management services are a major vehicle through which United Way can influence delivery of human service in Alameda County. Generally, groups surveyed placed a low priority on community organizations and management services. In light of Proposition 13, whose message is interpreted by some as "cut administrative costs," this response might well be expected. Allocation of resources to these areas can improve service delivery or increase efficiency of services, however. United Way should explore ways to improve the efficiency of human services delivery by promoting innovations that cut costs without reducing the quality of service or that increase service effectiveness. In addition, United Way can play an advocacy role in improving planning for

efficient delivery of human services. Low public investment in many areas of community organization and management services offers the possibility that a modest United Way investment might have relatively high impact. On the other hand, groups surveyed felt that the unmet need for information and referral services was low, and that some duplication and overlap exist. Public expenditures of \$1.8 million for information and referral service seem quite more than adequate for the nature of the service.

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